

S/N: TBA

1/2/2002

DOCKET NO.: OGA-187-USAP

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Kazunori ABE

Serial No.: TO BE ASSIGNED

Art Unit: TO BE ASSIGNED

Filed: January 2, 2002

Examiner: TO BE ASSIGNED

For: Electronic Endoscope Apparatus Adaptable to Endoscopes  
Equipped With Imaging Device With Different Pixel Density

**UTILITY PATENT APPLICATION TRANSMITTAL**  
**IN ACCORDANCE WITH 37 CFR §1.53 (b)**

Assistant Commissioner of  
Patent and Trademarks  
Washington, D.C. 20231

BOX: PATENT APPLICATION

Sir:

This application is a:

☒ New Application.

☐ Continuation

☐ Divisional of U.S.P.T.O. Serial Number \_\_\_\_\_, filed

\_\_\_\_\_.

☐ Continuation in Part of U.S.P.T.O. Serial Number \_\_\_\_\_ ,  
filed \_\_\_\_\_.

The undersigned has been authorized by the Applicant(s),

Kazunori ABE

FOR: Electronic Endoscope Apparatus Adaptable to Endoscopes  
Equipped With Imaging Device With Different Pixel Density

to file the attached specification and required drawings. Please assign a  
serial number and accord a filing date to this prospective application.

01/02/02  
J1051 U.S. PTO

J1036 U.S. PTO  
10/032715  
01/02/02


Enclosed are:

- 12 pages of Specification,
- 2 page(s) of Claims,
- 1 page of an Abstract, and
- 3 sheet(s) of Drawing(s). Total pages in the disclosure are therefore 18
- ☒ Return Receipt Postcard (MPEP 503).
- ☒ Application Data Sheet
- ☐ Oath or Declaration with Power of Attorney
- ☐ Signed Statement deleting inventor(s) named in prior application.
- ☐ Applicant claims Small Entity status under 37 CFR §1.27.
- ☐ Assignment of the Invention and check for \$40.00.
- ☐ A certified copy of Priority Document(s).
- ☐ A Preliminary Amendment.
- ☐ Letter to the Official Draftsperson and amended drawing(s).
- ☐ An Information Disclosure Statement (IDS)/PTO Form 1449.
- ☐ The basic filing fee of \$740.00.
- ☒ The fees for the claims to be calculated as follows:

Claims Presented		Less Entitlement		Additional Fees			
				Small Entity		Large Entity	
Total	2	Minus	20	x \$9=	0.00	x \$18=	0.00
Indep.	1	Minus	3	x \$42=	0.00	x \$84=	0.00
New Multiple Dependent Claims		-0-		x\$140=	0.00	x\$280=	0.00
And Claims Dependent Thereon		-0-		x\$140=	0.00	x\$280=	0.00
<b>TOTAL ADDITIONAL FEE</b>				<b>0.00</b>		<b>0.00</b>	

\_\_\_\_ A check in the total amount of \$\_\_\_\_\_ is enclosed to cover filing fee, Recordation of Assignment fee, and excess claims fee.

X The Commissioner is hereby authorized to charge to my Deposit Account No. 19-2816 any fees required under any of 37 CFR §§1.16 to 1.17 at any time during the pendency of this application, except for the filing fees associated with this transmittal.

  
Ronald R. Snider  
Attorney of Record  
Registration No. 24,962

Date: January 2, 2002

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RRS/bam